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November 7, 2005

*from* **WILLIAM A. JIVIDEN**  
Direct: 937-449-6448 / Fax: 937-223-0724 / william.jividen@dinslaw.com

**To:** Examiner Kien T. Nguyen  
**Firm:** MAIL STOP AMENDMENT  
**Fax Number:** 571/273-8300  
**Client Number:** KEL 0124 PA/40415.129  
**Pages:** 21  
 (including cover)

**Comments:** **OFFICIAL**      **OFFICIAL**      **OFFICIAL**

Applicants : Everett et al.  
 Serial No. : 10/089,777  
 Filed : June 18, 2002  
 Title : IMPROVEMENTS RELATING TO ACTIVITY  
 SURFACES  
 Art Unit : 3714  
 Conf. No. : 2615

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PTO/SB/17 (12-04)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL  
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 800.00)

**Complete if Known**

Application Number	10/089,777
Filing Date	June 18, 2002
First Named Inventor	Robert Everett
Examiner Name	Kien T. Nguyen
Art Unit	3714
Attorney Docket No.	KEL 0124 PA

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**FEES CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity

Fee (\$)

Fee (\$)

Fee (\$)

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Fee (\$)

Fee (\$)

200 100

Multiple dependent claims 360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
82	- 20 or HP = 0	x 25	= -0-	Fee (\$)	Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
16	- 3 or HP = 8	x 100	= 800.00	Fee (\$)	Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	Fee Paid (\$)

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: \_\_\_\_\_

**SUBMITTED BY**

Signature		Registration No. 42,695	Telephone (937) 449-6400
Name (Print/Type)	William A. Judd	Date 11/07/2005	

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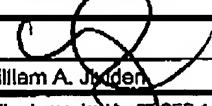
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Other: \_\_\_\_\_

**SUBMITTED BY**

Signature		Registration No. 42,695 (Attorney/Agent)	Telephone (937) 449-6400
Name (Print/Type)	William A. Judd		Date 11/07/2005

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